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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted With Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	PU040064
	First Named Inventor	Michael Anthony Pugel et al.
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

APPARATUS AND METHOD FOR CONTROLLING SIGNAL DISTRIBUTION USING A BACK CHANNEL

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **March 9, 2004** as United States Application Number or PCT InternationalApplication Number **PCT/US2004/007270** and was amended on (MM/DD/YYYY) **October 27, 2004** (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Country	Priority Not Claimed	Certified Copy Attached?	
					YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/453,491 60/453,763	03/11/2003 03/11/2003	

[Page 1 of 4]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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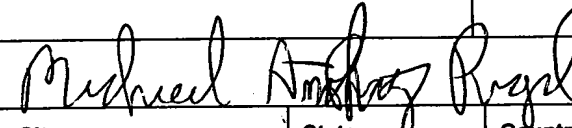
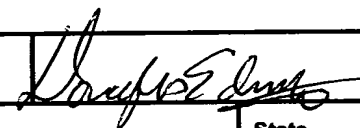
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	24498	OR	<input type="checkbox"/> Correspondence address below
Name	JOSEPH S. TRIPOLI				
Address	Thomson Licensing Inc.				
Address	PO Box 5312				
City	PRINCETON		State	NJ	
			ZIP	08543-5312	
Country	USA		Telephone	609-734-6813	
			Fax	609-734-6888	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name	MICHAEL ANTHONY		Family Name or Surname	PUGEL	
Inventor's Signature				Date	11/8/05
Residence: City	State	Country	Citizenship		
NOBLESVILLE	INDIANA	US	US		
Mailing Address					
Mailing Address 20925 Creek Road					
City	State	ZIP	Country		
Noblesville	Indiana	46060	US		
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name	DOUGLAS EDWARD		Family Name or Surname	LANKFORD	
Inventor's Signature				Date	NOV 8 2005
Residence: City	State	Country	Citizenship		
CARMEL	INDIANA	US	US		
Mailing Address					
Mailing Address 5256 Cheyenne Moon					
City	State	ZIP	Country		
Carmel	Indiana	46033	US		
<input checked="" type="checkbox"/> Additional Inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

DECLARATION**ADDITIONAL INVENTOR(S)****Supplemental Sheet**

Page 3 of 4

Name of Additional Inventor, if any				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])				Family Name or Surname	
JOHN JOSEPH				CURTIS, III	
Inventor's Signature <i>John Joseph Curtis III</i>				Date 11/14/05	
Residence: City	NOBLESVILLE	State	INDIANA	Country	US
Mailing Address					
Mailing Address 121 Scarborough Circle					
City	Noblesville	State	Indiana	ZIP	46060 ²
Country				US	
Name of Additional Inventor, if any				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])				Family Name or Surname	
KEITH REYNOLDS				WEHMEYER	
Inventor's Signature <i>Keith Reynolds Wehmer</i>				Date 11/11/05	
Residence: City	FISHERS	State	INDIANA	Country	US
Mailing Address					
Mailing Address 6411 Columbia Circle					
City	Fishers	State	Indiana	Zip	46038
Country				US	
Name of Additional Inventor, if any				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])				Family Name or Surname	
MIKE ARTHUR				DERRENBARGER	
Inventor's Signature				Date	
Residence: City	Valencia	State	California	Country	US
Mailing Address					
Mailing Address 24123 Backbay Court					
City	Valencia	State	California	Zip	91355
Country				US	

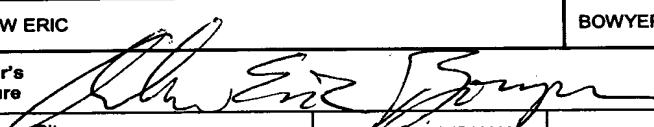
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TERRY WAYNE				LOCKRIDGE	
Inventor's Signature					Date
Residence: City	DAYTON	State	OHIO	Country	US
Mailing Address					
Mailing Address 5478 Grantland Drive					
City	Dayton	State	Ohio	ZIP	45429
				Country	US
Name of Additional Inventor, if any				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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ANDREW ERIC				BOWYER	
Inventor's Signature 					Date NOV 8, 2005
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Mailing Address 8767 Shelbyville Road					
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Filing
OR
☒ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	PU040064
First Named Inventor	Michael Anthony Pugel et al.
COMPLETE IF KNOWN	
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Examiner Name	

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March 9, 2004

as United States Application Number or PCT International

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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label 24498 OR ☐ Correspondence address below

Name	JOSEPH S. TRIPOLI		
Address	Thomson Licensing Inc.		
Address	PO Box 5312		
City	PRINCETON	State	NJ
		ZIP	08543-5312
Country	USA	Telephone	609-734-6813
		Fax	609-734-6888

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name	MICHAEL ANTHONY	Family Name or Surname	PUGEL
-------------------	-----------------	-------------------------------	-------

Inventor's Signature	Date
-----------------------------	-------------

Residence: City	State	Country	Citizenship
NOBLESVILLE	INDIANA	US	US

Mailing Address

Mailing Address 20925 Creek Road

City	State	ZIP	Country
Noblesville	Indiana	46060	US

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name	DOUGLAS EDWARD	Family Name or Surname	LANKFORD
-------------------	----------------	-------------------------------	----------

Inventor's Signature	Date
-----------------------------	-------------

Residence: City	State	Country	Citizenship
CARMEL	INDIANA	US	US

Mailing Address

Mailing Address 5256 Cheyenne Moon

City	State	ZIP	Country
Carmel	Indiana	46033	US

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

DECLARATION**ADDITIONAL INVENTOR(S)****Supplemental Sheet**

Page 3 of 4

Name of Additional Inventor, if any				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))				Family Name or Surname	
JOHN JOSEPH				CURTIS	
Inventor's Signature				Date	
Residence: City	NOBLESVILLE	State	INDIANA	Country	US
Citizenship US					
Mailing Address					
Mailing Address 121 Scarborough Circle					
City	Noblesville	State	Indiana	ZIP	46060
Country US					
Name of Additional Inventor, if any				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))				Family Name or Surname	
KEITH REYNOLDS				WEHMEYER	
Inventor's Signature				Date	
Residence: City	FISHERS	State	INDIANA	Country	US
Citizenship US					
Mailing Address					
Mailing Address 6411 Columbia Circle					
City	Fishers	State	Indiana	Zip	46038
Country US					
Name of Additional Inventor, if any				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))				Family Name or Surname	
MIKE ARTHUR				DERRENERGER	
Inventor's Signature <i>Mike Arthur Derrenberger</i>				Date 11/08/05	
Residence: City	Valencia	State	California	Country	US
Citizenship US					
Mailing Address					
Mailing Address 24123 Backbay Court					
City	Valencia	State	California	Zip	91355
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Inventor's Signature				Date	
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Mailing Address					
Mailing Address 5478 Grantland Drive					
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Inventor's Signature				Date	
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Mailing Address 8767 Shelbyville Road					
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Attorney Docket Number PU040064
First Named Inventor Michael Anthony Pugel et al.

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+

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Given Name	MICHAEL ANTHONY		Family Name or Surname	PUGEL	
Inventor's Signature					Date
Residence: City	NOBLESVILLE	State	INDIANA	Country	US
Citizenship	US				
Mailing Address					
Mailing Address 20925 Creek Road					
City	Noblesville	State	Indiana	ZIP	46060
Country	US				
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Inventor's Signature					Date
Residence: City	CARMEL	State	INDIANA	Country	US
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Mailing Address 121 Scarborough Circle					
City	Noblesville	State	Indiana	ZIP	46060
Country				US	
Name of Additional Inventor, if any				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))				Family Name or Surname	
KEITH REYNOLDS				WEHMEYER	
Inventor's Signature					Date
Residence: City	FISHERS	State	INDIANA	Country	US
Mailing Address					
Mailing Address 6411 Columbia Circle					
City	Fishers	State	Indiana	Zip	46038
Country				US	
Name of Additional Inventor, if any				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))				Family Name or Surname	
MIKE ARTHUR				DERRENERGER	
Inventor's Signature					Date
Residence: City	Valencia	State	California	Country	US
Mailing Address					
Mailing Address 24123 Backbay Court					
City	Valencia	State	California	Zip	91355
Country				US	

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DECLARATION**ADDITIONAL INVENTOR(S)****Supplemental Sheet**

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Name of Additional Inventor, If any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
TERRY WAYNE		LOCKRIDGE	
Inventor's Signature <i>Terry Wayne Lockridge</i>		Date 11/09/05	
Residence: City DAYTON	State OHIO	Country US	Citizenship US
Mailing Address			
Mailing Address 5478 Grantland Drive			
City Dayton	State Ohio	ZIP 45429	Country US
Name of Additional Inventor, If any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
ANDREW ERIC		BOWYER	
Inventor's Signature		Date	
Residence: City INDIANAPOLIS	State INDIANA	Country US	Citizenship US
Mailing Address			
Mailing Address 8767 Shelbyville Road			
City Indianapolis	State Indiana	Zip 46259	Country US
Name of Additional Inventor, if any		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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